

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	Attorney Docket No.	17509-0065
	Named Inventor(s)	Dennis Ausiell, et al.
	Title	METHOD AND DEVICE FOR THE CONTROLLED DELIVERY OF PARATHYROID HORMONE
	Express Mail Label No.	EV 330773293 US

22386 U.S. PTO
10/654761



09/04/03

APPLICATION ELEMENTS	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification Total Pages: 36 <ul style="list-style-type: none"> • Descriptive title of the invention • Cross Reference to Related Applications • Statement Regarding Fed sponsored R & D • Reference to sequence listing, a table, or a computer program listing appendix • Background of the Invention • Brief Summary of the Invention • Brief Description of the Drawings <i>(if filed)</i> • Detailed Description • Claims(s) • Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets 6 5. Oath or Declaration Total Pages 3 a. <input checked="" type="checkbox"/> Unexecuted (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> (i) <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix).	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies 9. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i> 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Nonpublication Request Under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. <input type="checkbox"/> Form PTO/SB/35 17. <input checked="" type="checkbox"/> Other: check for \$575.00

18. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information and in a preliminary amendment, or in an Application Date Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No:

Prior application information: Examiner: Group Art Unit:

Recite complete dependency back to first parent application:

19. **CORRESPONDENCE ADDRESS:**

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Date: **September 4, 2003**

FEE TRANSMITTAL

Attorney Docket No. 17509-0065

This sheet accompanies a patent application transmittal for the following application:

Inventor(s): Dennis Ausiello, et al.

Filing Date: **September 4, 2003**

Title: Method and Device for the Controlled Delivery of Parathyroid Hormone

The filing fee is calculated as shown below:

1. FILING FEE:

SMALL ENTITY			LARGE ENTITY	
FOR:	FEE	FEE PAID	FEE	FEE PAID
<input checked="" type="checkbox"/> UTILITY FILING FEE	\$375	375.00	\$750	
<input type="checkbox"/> DESIGN FILING FEE	\$165		\$330	
<input type="checkbox"/> PLANT FILING FEE	\$260		\$520	
<input type="checkbox"/> REISSUE FILING FEE	\$375		\$750	
<input type="checkbox"/> PROVISIONAL FILING FEE	\$80		\$160	
SUBTOTAL (1)		\$375.00		\$

2. CLAIMS:

SMALL ENTITY				LARGE ENTITY		
FOR:	NO. FILED	NO. EXTRA	RATE	FEE	RATE	FEE
TOTAL CLAIMS	35 - 20 =	15	x 9 =	135.00	x 18 =	
INDEP. CLAIMS	3 - 3 =	0	x 42 =		x 84 =	
<input type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED			+140 =		+280 =	
SUBTOTAL (2)				\$135		\$

3. ADDITIONAL FEES:

SMALL ENTITY			LARGE ENTITY	
FOR:	FEE	FEE PAID	FEE	FEE PAID
<input checked="" type="checkbox"/> LATE FILING, FEE OR OATH	\$65	65.00	\$130	
<input type="checkbox"/> NON-ENGLISH SPECIFICATION	\$130		\$130	
<input type="checkbox"/> OTHER				
SUBTOTAL (3)		\$65.00		\$

TOTAL FILING FEES: \$575.00A check is enclosed for the total amount: **\$575.00**☒ Charge any additional fees required under 37 C.F.R. 1.16 or 1.17 to Deposit Account 19-5029.

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By: Kevin W. King
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